



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Clonsilla Road - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	16 October 2024
Centre ID:	OSV-0008234
Fieldwork ID:	MON-0036664

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Clonsilla Road is a community residential service for four adults with an intellectual disability. The designated centre consists of a two-storey house close to a village in West Co. Dublin close to good public transport links and local community facilities such as barbers, shops and shopping centres, hotels, coffee shops and restaurants. The ground floor consists of two living rooms, a kitchen and dining area, a toilet, and one bedroom. There is a large self-contained garden and outdoor utility room to the rear of the house. Upstairs there are three bedrooms, one bathroom and toilet, one shower room and toilet, and a staff sleepover bedroom and or office. Residents are supported 24/7 by social care workers, healthcare assistants and relief staff. The person in charge is available in the centre weekly and there is a 24/7 on-call nurse manager available to residents and staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 16 October 2024	09:15hrs to 16:35hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, it was evident that residents living in this centre were leading active lives as members of their local community, and that the service was a person-centred one which had focus on their human rights. The inspection had positive findings, with high levels of compliance across a number of regulations. Some improvements were required in Regulation 5: Individual Assessment and Personal Plan, and this is discussed in the body of the report.

The centre is a four-bedroomed house located on a main road in a suburb of west Dublin. Downstairs, the house comprises a bedroom, two large sitting rooms, a toilet and a kitchen. There is a large laundry and utility room which is accessed via the garden. There is a beautiful garden to the rear of the house, with raised flower beds which one of the residents maintained. Upstairs has three resident bedrooms and a staff sleepover room which is also used as an office. There were two bathrooms for residents to use. The house was beautifully decorated and homely, with photographs and pictures on the wall, which residents had chosen. The resident saw each of the residents' bedrooms with those residents. Bedrooms were found to be decorated in line with residents' interests. For example, one resident had a desk, Lego and a laptop. Another had a television and large posters of their favourite bands, with a comfortable chair. All of the residents had space to store their personal belongings. On the day of the inspection, the house was decorated with bunting for a residents birthday.

On the day of the inspection, there were three residents living in the centre on a permanent basis. A fourth resident was in the process of transitioning into the centre, and spent one afternoon a week there. The resident had been transitioning into the centre for roughly two years. The inspector had the opportunity to meet three residents and spoke to two staff members and the person in charge on the day of the inspection. Residents in the centre primarily used speech to communicate in addition to body language, eye contact and gestures. Staff spoke about the need to develop trusted relationships with residents, and about the need to be able to pick up on their nonverbal communication quickly to best respond to them.

All of the residents in the centre spoke about what their daily routines were, and it was evident that all of the residents were engaged in meaningful activities, and that they were supported to develop skills in areas such as money management and navigating transport independently. Residents had access to technology such as their own phones, laptops and tablet devices. Each resident attended day services a number of days per week and used local amenities such as coffee shops and shops. Some residents were travelling to their day services independently, while others required staff support. One resident told the inspector about their job in a local credit union, another carried out maintenance on a campus nearby. Another resident returned from day services later in the afternoon and told the inspector that they had done an exercise class in the afternoon. They went through their visual

schedule which included playing pool, swimming, meditation and getting a take away. The resident said that they "loved it" in the house and smiled. A resident in the house was DJ for parties in the organisation, and showed the inspector their equipment which was stored in a shed at the back of the house. Two residents told the inspector that they liked to sit and watch football together in the evenings, while another resident preferred to spend time in another room.

One resident spoke about where they used to live, and the high level of restrictions that were there. They spoke about how they had shared a room with another resident. They said *"I had no choice there"*. When speaking about living in their new home they said *"My life is all different now, I do what I want"*. Residents spoke to the inspector about upcoming trips, and one resident had recently travelled to Canada with family. One resident told the inspector about a recent hospitalisation, and commented on how well the staff had looked after them and how they had been supported with their after care.

Staff had completed training in a human-rights based approach to health and social care and it was evident that the centre actively promoted residents' rights in a number of areas such as the right to make decisions about their care and support, the right to access communication in a way they could understand, the right to learn new skills, and the right to be independent in their day to day life. There were a number of examples of good practice throughout the day. For example, all residents had been supported to have bank accounts, where some had previously had post office accounts. In order to promote residents' right to receive information in a way which they could understand, there was a large folder full of easy-to-read information on a variety of topics such as health-related topics like epilepsy, falls, going to the dentist, managing feelings, different types of abuse, and information on the assisted decision making (capacity) act. These were used in discussions at residents' meetings, and on an individual basis with residents on areas relevant to them. Another resident was subtly supported with their literacy through use of colour coding of staff names on the rota to enable them use it independently. Social stories had been developed with them about how they preferred staff to support them with their routines.

Residents were consulted with about the running of their home in a number of ways. The inspector viewed a sample of six sets of minutes from residents' meetings, which were called "Tea and Chats". Staff told the inspector that on occasion, the residents will choose not to have them, and that this was respected. Minutes showed that items such as activities, fire, complaints, advocacy and rights were discussed, including social relationships and communication.

The inspector received four residents' questionnaires on the day of the inspection. These questionnaires had been sent out prior to the inspection taking place. The questionnaire seeks feedback on a number of areas related to the service such as staffing, daily routines and choices and the house. Residents had positive feedback, with one resident saying *"The house is so nice", "It's excellent"*, while another said *"I'm really happy here"*. The inspector also reviewed the provider's annual review to get further insight into resident and family experiences of the centre. Feedback from residents was positive, with residents commenting about how close their home was

to everything they needed in their local community. Residents said *"I have privacy, staff listen to me"* and another said that *"Staff give me space and time"*. Family consultation was also positive, with comments such as *"Staff are very pleasant and understanding"* and another said that their family was *"always respected by staff"*.

As the inspector was leaving, residents were preparing for a birthday party for the resident, which included family coming to visit, and getting a take away together. There was an atmosphere of excitement and it was evident residents were looking forward to the celebrations. Throughout the inspection, interactions between staff and residents was noted to be respectful and kind. It was clear that residents were comfortable in the company of staff supporting them that day.

In summary, the inspector found that residents living in the centre were supported to have a good quality of life, and that the service had a focus on their human rights. The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in the centre and how they impacted on the quality and safety of residents' care and support.

Capacity and capability

This announced inspection took place to inform a decision about renewal of the centre's registration. The inspector found that the provider had taken actions which they had committed to in their compliance plan in 2023, and that residents were in receipt of a good quality service. Improvements were found across a number of regulations which included staffing, training and staff development, governance and management arrangements and risk management. Improvements were required in Regulation 5: Individual assessment and Personal Plan.

There was effective governance in place to oversee the service. The management structure was clearly defined and detailed roles and responsibilities. The person in charge reported to a clinical nurse manager, who in turn reported to a service manager. Out-of-hours arrangements were in place and a roster was shared with staff to ensure that they were informed of who was on duty. There were a number of audits in place to ensure that areas requiring improvement were identified and actioned in a timely manner. Information and decisions were shared between management and staff on an ongoing basis using meetings, safety pauses, handovers and email.

The centre was found to be resourced with an appropriate number of staff who had the required skills to best support residents in line with their assessed needs. Residents were enjoying continuity of care. The staff team had received training in key aspects of health and safety and in providing good quality care and support to residents. This is further detailed in Regulation 16: Training and Staff Development below.

Registration Regulation 5: Application for registration or renewal of registration

The inspector carried out a review of information submitted by the provider to apply for renewal of the registration of the centre. All of the documentation required which included floor plans, a statement of purpose and other prescribed information was submitted and met regulatory requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector reviewed prescribed information which was submitted with the application to renew the registration of the centre. This indicated that the person in charge had the required knowledge, skills and experience to carry out their role. The inspector found that the person in charge demonstrated good knowledge of the residents and their assessed needs. They had oversight of two designated centres and spent a number of days a week in the centre.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was fully staffed on the day of the inspection. The inspector reviewed rosters for a six-week period prior to the inspection taking place. The maintenance of rosters had improved since the last inspection. It was evident that there were an appropriate number of staff who had the required knowledge and skills to support the residents on duty each day and night.

Rosters indicated that where there was a need for a vacant shift to be covered, regular staff did overtime, or they used regular agency staff. For the six week period prior to the inspection taking place, only four different agency staff had completed shifts, and these members of staff were on duty with a regular staff member to promote residents' continuity of care. This was of particular importance in this house to promote positive relationships and to reduce anxiety associated with having unfamiliar staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix and found that staff accessed a programme of training to ensure that they had the required knowledge and skills to best meet residents' assessed needs. Training which was completed by the staff team included fire safety, managing behaviours of concern, safeguarding, food safety, manual handling and the safe administration of medication. Staff had completed training in basic life support and in dysphagia. Staff had also completed training in a human-rights based approach to health and social care.

The inspector saw that the person in charge had a supervision schedule in place. The inspector viewed a sample of supervision sessions for 3 staff members and found that minutes covered items such as key worker responsibilities, learning and development and goals.

Staff meetings took place on a monthly basis. The inspector reviewed a sample of the previous three meetings and found that the agenda covered a range of topics including safeguarding, feedback from residents' meetings, person-centred plans and learning from incidents. These meetings ensured that relevant information and learning was discussed across the staff team to ensure consistency of care.

Judgment: Compliant

Regulation 23: Governance and management

As stated above, the provider had a clear management structure in place. This meant that staff were aware of who they reported to, and what their responsibilities were. The inspector reviewed the provider's annual review and the last two six-monthly unannounced visits. These were found to include consultation with residents and families, and they met regulatory requirements.

Meetings took place at various levels of the organisation. The person in charge attended a regular forum with other persons in charge in their region. A sample set of minutes from these meetings showed that the agenda included sharing learning about health and safety, incidents and inspection findings. The person in charge and person participating in management met on a monthly basis. The inspector viewed minutes from the previous two meetings and found that the meetings were comprehensive in nature, and provided assurances on a number of areas of the service including resident updates, risk management, incidents and accidents, audits, premises and health and safety. Staff meetings also took place on a regular basis. All of these meetings ensured that key information about the service, service developments, health and safety and residents' care and support were used to continually improve practices in the centre.

There was a schedule of audits in place in relation to key service areas such as

medication, finances, health and safety and residents' care plans. The inspector found that audits were identifying areas requiring improvement, and that the person in charge had oversight of these audits to ensure that actions were progressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose which was submitted as part of the application to renew the registration of the centre. The statement of purpose was found to contain all information set out in Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

As outlined earlier in the report, it was evident that residents living in the centre were supported to have a good quality of life, and that they were engaged in meaningful activities, and supported to maintain relationships with those important to them. Residents had assessments of need carried out, and there were care and support plans in place. However, improvements were required to ensure that residents' care and support needs were reviewed regularly, that their will and preferences were recorded in relation to their living situation, and that the impact of residents living together was considered. This is discussed further under Regulation 5: Individual Assessment and Personal Plan.

Residents in the centre had access to a range of health and social care professionals in line with their assessed healthcare needs. It was evident that residents were consulted with about various aspects of their care. Residents in the centre were found to be protected against abuse through policies, procedures, and staff practices. Where any safeguarding incidents had occurred, these had been documented and reported in line with national policy, and plans were put in place to mitigate against any future incidents.

Residents told the inspector about the various activities they were engaged in which included day services, employment, going swimming, attending an advocacy group, going to football matches and trips in Ireland and abroad. Residents had their own phones and computers to keep in touch with their family and friends, and they were provided with support to do so where they needed it. Residents' rights were to the fore of the care and support they received and this is further discussed under

Regulation 9: Residents' rights.

The premises was found to be in a good state of repair internally and externally. It was nicely decorated and well suited to residents' assessed needs. Residents had ample space to spend time together , or alone and they had space to store personal belongings. The premises was protected against fire by detection and containment systems, fire-fighting equipment and emergency lighting. Regular checks and drills were carried out to ensure that reasonable evacuation times were possible in different scenarios.

The provider had risk management systems in place. There was a risk register, risk assessments, a safety statement and a risk management policy in place. There were regular reviews of risk scheduled, and control measures were in place to mitigate against risk. Learning from any adverse events was shared with the staff team and management.

Regulation 13: General welfare and development

From a review of residents' care plans, and from speaking directly with residents and staff, it was evident that residents living in the centre were leading busy lives, and engaging in activities which were meaningful for them in their local community. As outlined earlier, two of the residents were employed, one in a credit union and the other doing maintenance. Residents also attended day services during the week. Two of the residents regularly went out for coffee together. Residents were supported to maintain relationships with family and friends, and visitors were welcomed to the centre as they wished.

Judgment: Compliant

Regulation 17: Premises

The inspector carried out a walk about with a resident, and each resident showed the inspector their bedrooms separately. The house was found to be warm and clean and tastefully decorated. There were two sitting rooms for residents to enjoy, and residents had chosen the decor for both of these areas. Residents' rooms were personalised, and they had ample space to store and display their personal belongings. There were ample bathroom facilities for residents to use.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed the residents' guide which the provider had submitted with their application to renew the registration of the centre. This contained all information required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector reviewed the location-specific safety statement, the risk register and associated risk assessments, and the incident and accident log. These documents demonstrated that there were risk management systems in place for the identification, assessment, management and review of risks in the centre, including a contingency plan in the case of an emergency. These were found to be in date and regularly reviewed.

The inspector saw that adverse events were reported in line with the provider's policy, and that additional control measures were put in place to mitigate against risk in future. Staff were able to speak about the risks in the centre, and how to manage them which included choking and managing behaviour of concern. The person in charge completed a quarterly review of all incidents related to each individual resident, in addition to incidents in the centre to ensure that any trends were identified.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector carried out a walk about of the centre and reviewed documentation related to fire including servicing and maintenance certificates, daily and weekly fire checks, records of fire drills and residents' personal emergency evacuation plans. These indicated that residents, staff and visitors were protected against fire in the centre.

The centre was found to be equipped with fire-fighting equipment, emergency lighting, fire doors and smoke alarms. Fire doors were observed to be in good working order. Fire orders were on display at the entrance to the house. The inspector reviewed a sample of records of ten fire drills which had been carried out in 2024. These demonstrated reasonable evacuation times had been achieved in all drills. Personal emergency evacuation plans had been recently reviewed and gave clear guidance on actions required by day and night. Fire evacuation was discussed with residents at their meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed four residents' assessments of need and associated care plans. Residents had person-centred plans in place with goals identified. These goals included things such as holidays, joining social clubs and trips to sporting events. There was evidence of multidisciplinary team meetings taking place on a regular basis for some residents.

For one resident who was in the process of transitioning into the centre, their individual needs and preferences assessment had not been updated since 2022. On review of this assessment, it was not evident that the resident's will and preference had been sought as part of this assessment, or as part of any subsequent meetings. One assessment indicated that a resident was best supported in a quiet environment, and that noise and crowding had a negative impact upon them. However, both of these situations regularly arose, with residents enjoying football together, chatting in the kitchen, and going out. It remained unclear if compatibility for residents was assessed to ensure that all residents living in the centre were supported in a suitable environment for them.

Judgment: Not compliant

Regulation 6: Health care

From speaking with staff, and from a review of the four residents' care plans, it was evident that residents had access to a range of health and social care professionals in line with their assessed needs. For example, residents had access to a general practitioner, a psychologist, social workers, speech and language therapists, a dietitian and a clinical nurse specialist in behaviour.

A clear record of appointments, and multidisciplinary team meetings were kept to ensure that all staff were aware of any developments with residents. The inspector viewed easy-to-read information on a variety of health care conditions, and interventions. For example, there was information on going to the GP, on managing blood tests, going to the dentist and on falls. This was in order to support residents to access information in a way they could understand, and to facilitate consent to health care interventions where it was required.

Residents were found to have health passports in place and health communication books. This meant that key information about residents and their assessed needs were available to share with external healthcare providers.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents from abuse. There had been a total of ten notifications related to safeguarding incidents in the centre over the previous twelve months. The inspector reviewed the preliminary screening forms and safeguarding plans which correlated with those notifications and found that incidents had been reported and screened in line with national policy. Staff on duty were able to tell the inspector about safeguarding measures in place in the centre. Residents were supported to learn about safeguarding, and were supported on an ongoing basis on social relationships and internet safety.

The inspector reviewed residents' intimate care plans. These were clearly laid out and included the level of care residents' needed, their physical abilities, communication and consent. They were found to be written in a manner which promoted residents' right to privacy and dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, the inspector found that residents were supported to learn about their rights, and to exercise them. For example, since moving to the house, residents now had their own bank accounts and bank cards. Residents were supported to use applications on their mobile phones, and to pay for items themselves. Some residents were now able to travel to their day services independently. Residents described the positive impact that having their own money to pay for things had, and one resident was visibly proud of being able to travel on public transport independently.

Residents' right to access information was facilitated through the provision of easy-to-read information, and in residents' meetings. It was evident that residents' right to privacy was respected. For example, one resident did not wish to receive their medication in front of others. This was honoured and documented as a preference.

The centre did not have any restrictive practices in place, and this meant that residents had freedom of movement, of control and of access to items in their home. One of the residents had recently joined an advocacy committee, and had attended their first meeting. The organisation employed a human rights officer, and residents had human rights assessments carried out to identify any barriers to their rights. These largely indicated that residents' rights were upheld in the house.

In order to balance residents' rights to take risks with their right to be safe, the

person in charge and staff team had worked with residents to have agreements in relation to internet safety, phone safety, staying at home independently and use of social media.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clonsilla Road - Community Residential Service OSV-0008234

Inspection ID: MON-0036664

Date of inspection: 16/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC will ensure that each supported has an up to date personal plan in place which is completed in collaboration with MDT supports. An individual preference of need assessment will be completed for one individual which will reflect their individual preference on where they would like to live.	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/01/2025
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/01/2025
Regulation 05(6)(b)	The person in charge shall	Not Compliant	Orange	31/01/2025

	<p>ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p>			
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